Case Summary:
This case showed an elderly man, with multiple risk factors, presenting with an acute coronary syndrome complicated by cardiogenic shock. Coronary angiography showed an large LM thrombus. Aspiration thrombectomy has been showed to be effective in reducing thrombus load but was unsuccessful in this particular case. Administration of Reopro, a GP IIb/IIIa agent, still did not result in patency of the vessel. In the end, resolution of the thrombus was only achieved after administrating IC thrombolytic. Although the patient ultimately succumbed, this case shows the potential benefit of IC thrombolytic in patients who failed mechanical thrombectomy. This is in agreement with previous case reports and reviews. This case also highlights the evidence gap in these situation, which needs to be addressed in future studies.

TCTAP C-025

The Effectiveness and Usefulness of Coronary Perfusion Balloon (Ryusei) in PCI Using Excimer Laser Coronary Angioplasty (ELCA)

Atsuki Fukae
Nagasaki Medical Center, Japan

[Clinical Information]
Patient initials or identifier number:
R.F. 72y.o. Male
0002491609
Relevant clinical history and physical exam:
Present illness:
He had chest pain and oppression feeling.
72y.o male,
Chief complain: chest pain,
Present illness:
(On October 4, 2012,) he had a severe chest pain, and revealed ST elevations in II, III, aVF in EKG. He admitted to hospital A with
diagnosis of inferior acute myocardial infarction.
He had transported by Doctor helicopter to our hospital due to perform PCI
Relevant catheterization findings:
RCA#3:90%
[Interventional Management]
Procedural step:
CAG was performed from transfemorale approach
There was a 90% stenosis in RCA #3.
This lesion was culprit lesion
We performed PCI for RCA#3.
First, after GW passed through the lesion, we performed OCT
After RCA was observed by OCT. we found severe stenosis with thrombus and rich plaque. so we performed ELCA(E-1.7mm) in RCA#3.
Last We performed POBA by Ryusei balloon(φ3.5 20 10atms x5 min.x2) in RCA because of preventing perforation. There was no ST elevation and chest pain during POBA by Ryusei balloon.
We get a good revasucularization in RCA. We had no distal emboli and no perforation in RCA.
Case Summary:
ELCA and Ryusei were good combination in PCI for ACS.
In conclusion, combination of Ryusei and ELCA appeared that there is a possibility that not only Bail-out of the complications of hematoma, or arterial dissection, but it can be a bridge to next-generation devices and stentless PCI in the near future.

TCTAP C-026

Acute Coronary Syndrome with Massive Plaque Burden Successfully Treated with the Combination of Excimer Laser Coronary Atherectomy and Filter Device

Katsuyuki Hasegawa
Higashi Takarazuka Satoh Hospital, Japan

[Clinical Information]
Patient initials or identifier number:
83483
Relevant clinical history and physical exam:
An 80-year-old man presented to our institution with intermittent chest pain that had persisted for approximately four days. He had a history of old myocardial infarction and a bare-metal stent was implanted in the RCA (seg.3) eight years before. He was prescribed dyslipidemia and antiplatelet medicine.
Relevant test results prior to catheterization:
The ECG showed abnormal Q wave and ST level depression in the leads III and aVF. The echocardiography demonstrated decreased motion of his inferior LV. Coronary computed tomography angiography indicated severe stenosis with large plaque burden in the proximal RCA. The implanted stent in the middle RCA seemed patent.
Relevant catheterization findings:
Coronary angiography was performed via the right femoral artery. Severe stenosis was observed in the proximal RCA, and distal segment of the RCA was not antegradely visualized. The distal flow of the RCA was provided via collateral channels from the LCA. Moderate stenosis was also observed in the middle segment of LAD.
[Interventional Management]
Procedural step:
An Amplatz Left 1.0 guiding catheter was engaged. An XT-R guidewire (Asahi Intecc, Japan) was used to cross the severe stenotic lesion. An intravascular ultrasound image identified severe stenosis with massive plaque burden. In order to avoid distal embolism, excimer laser coronary atherectomy (Vitasse 1.7mm) was performed before stent implantation. A Filtrap (filter device; Nipro, Japan) was also used to avoid distal embolism throughout the procedure. Filter no-reflow occurred after implanting an everolimus-eluting stent (Xience Xpedition, 3.5x38mm; Abbot Vasc., Japan). Thereafter, aspiration of the debris floating in the proximal space to the filter was performed before the retrieval of the filter device. After the retrieval of the filter device, the RCA was excellently recanalized without any distal embolism.